Coordination of Benefits

Payer of Last Resort

Wisconsin Medicaid is the payer of last resort for any services covered by Wisconsin Medicaid.

Wisconsin Medicaid is the payer of last resort for any services covered by Wisconsin Medicaid according to HFS 106.03(7)(b), Wis. Admin. Code. If the recipient is covered under other health insurance (including Medicare), Wisconsin Medicaid pays that portion of its maximum allowable fee remaining after exhausting all other health insurance sources. Refer to the All-Provider Handbook for more detailed information on services requiring health insurance billing, cases in which providers should bill Wisconsin Medicaid *before* billing other forms of insurance, and the "Other Coverage Discrepancy Report (TPL–17)."

Medicare/Medicaid Dual Entitlement

General Information

Recipients covered under both Medicare and Medicaid are called dual entitlees.

Although services covered by Medicare do not require prior authorization (PA) from Wisconsin Medicaid, providers are strongly encouraged to obtain authorization prior to providing services. This will ensure Wisconsin Medicaid payment if Medicare denies coverage or if services exceed Medicare coverage.

Personal Care Services

If a recipient qualifies for Medicare home health services, Medicare will reimburse for a home health aide to provide hands-on personal care (e.g., bathing, dressing, grooming, and transfers) to maintain the recipient's health or facilitate treatment of the recipient's illness or injury. Agencies that Wisconsin Medicaid certifies to provide both home health and personal care services and personal care-only agencies follow different procedures regarding dual entitlees.

Home Health/Personal Care Agencies

If the recipient is a dual entitlee and Medicare covers the service, Medicare-enrolled providers are required to send claims to Medicare *before* billing Wisconsin Medicaid, according to HFS 106.03(7)(b), Wis. Admin. Code.

If Medicare covers the service provided to a dual entitlee but the claim is denied, Medicare-enrolled providers should indicate a Medicare disclaimer code in the appropriate field/item on the Wisconsin Medicaid claim form. Claims denied by Medicare due to provider billing error must be corrected and resubmitted to Medicare before being sent to Wisconsin Medicaid. Refer to Item 84 of the UB-92 Claim Form Instructions in Appendix 2 of this section for the appropriate Medicare disclaimer code.

Personal Care-Only Agencies

Wisconsin Medicaid will not reimburse for personal care services which would be reimbursed by Medicare. Personal care-only agencies are not Medicare-enrolled providers. Therefore, they are required to notify all personal care recipients about Medicare coverage and:

- Provide the recipient with the "Notice to Wisconsin Medicaid Recipients Regarding This Personal Care Agency" form. Refer to Appendix 1 of this section for this form.
- Have the recipient or legally responsible person review and sign this form.
- Give the recipient a copy and keep the original form in the recipient's file.

If the recipient is eligible for Medicare home health services and your agency is not enrolled by Medicare to provide home health services, you are required to either:

- Coordinate care with a Medicare-enrolled home health agency so your agency

provides only those personal care hours that exceed Medicare's home health coverage.

- Discharge the recipient from your care.

Disposable Medical Supplies

Medicare may pay for disposable medical supplies (DMS) under Part B coverage. Medicare-enrolled providers are required to bill Medicare for these supplies. If you are not certified to bill Medicare, the recipient will need to obtain the supplies from a different Medicare-enrolled provider, such as a rehabilitation agency, pharmacy, or other medical equipment or supplies vendor.

If a provider submits claims to Wisconsin Medicaid for services that Medicare would pay, Wisconsin Medicaid may recoup any related payments it made on a postpayment basis.

Use Coverage Determination Software to Ensure Appropriate Billing

All Medicaid-certified home health and personal care providers receive coverage determination software (CDS) upon certification and are required to use it for recipients who are eligible for both Medicare and Wisconsin Medicaid. This computer software helps providers identify when they should bill Medicare before billing Wisconsin Medicaid for dual entitlees. It also allows you to access help screens which explain Medicare home health policy. The printed results from the CDS determination provide documentation to meet the federal requirement that services covered by Medicare are not paid by Wisconsin Medicaid.

Requirements for the use of CDS for recipients who are entitled to both Medicare and Wisconsin Medicaid are reviewed below:

- Use the CDS before your agency provides Wisconsin Medicaid services.
- Use the CDS when a recipient's condition or status changes, potentially making the recipient eligible for Medicare home health coverage.
- Keep a printed copy of the results of the software's determination on file and on the agency's premises for audit purposes.

If you are unable to access the CDS with your computer system or have computer problems, you can use the Worksheet for Home Health Coverage Determination Questions from the CDS Manual to reach the same results. Photocopy the final eligibility determination from Appendix B of the CDS Manual for your files.

Technical questions about the software should be directed to:

United Wisconsin Proservices, Inc.
401 W. Michigan Street
Milwaukee, WI 53202

Telephone: (800) 822-8050
Fax: (414) 226-6033

Policy and billing questions should be directed to:

Medicaid Provider Services
(800) 947-9627 or (608) 221-9883

Qualified Medicare Beneficiary-Only Recipients

Qualified Medicare Beneficiary-Only (QMB-Only) and Qualified Medicare Beneficiary-Nursing Home (QMB-NH) recipients are only eligible for Medicaid payment of the coinsurance and the deductibles for Medicare-covered services. If Medicare denies services, Wisconsin Medicaid does not cover them.

Refer to the All-Provider Handbook for more information on QMB-Only recipients.

All Medicaid-certified home health and personal care providers receive coverage determination software (CDS) upon certification and are required to use it for recipients who are eligible for both Medicare and Wisconsin Medicaid.